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SAND VOIDED BY THE MOUTH, &c.

IN the May No. of that excellent publication, the American Journal of the Medical Sciences, the following extraordinary narration is given by C. Ticknor, M.D. of New York, which we believe is without a parallel in the annals of strange things. One principal inducement for republishing it, is to encourage others to preserve a history of the anomalies which are sometimes presented to practitioners. A few years since, it was currently reported that a patient in a neighboring city astonished the physicians in that region by voiding urine through the ears ! No one believed it, however; and yet the abundant deposition of sand in the history of the invalid under consideration, is quite as well calculated to excite distrust in the correctness of the observations, were it not for the weight of testimony furnished by the scientific gentlemen whose names are appended to the paper.

Case in which Sand was voided by the Mouth, Rectum, Urethra, Nose, Ear, Side, and Umbilicus, and attended by various other Anomalous Symptoms. By C. TICKNOR, M.D. of New York.

MISS LUCY PARSONS, of Egremont, Berkshire county, Massachusetts, when about eleven years of age received an injury, by the fall of a barrel across her loins, which was followed by exquisite pain, and an almost total loss of the power of locomotion. The pain after a time subsided, and the ability to walk gradually returned, though partial paralysis of the lower extremities, accompanied with severe pain, would almost invariably recur after much exercise. This state continued till about seven years after the receipt of the injury, when some portion of the surface was attacked with an erysipelatous inflammation, which, by metastasis, fixed itself upon the abdominal viscera. The patient now suffered excruciating pains, particularly of the right lumbar region, together with all the various symptoms of diseased stomach and bowels, was unable to walk, and mostly confined to her bed, till I saw her in the autumn of 1831, more than twenty years after the attack of erysipelas.

My brother first saw the patient in consultation with her attending physician : he found her laboring under a profuse diarrhœa, which threatened a speedy termination to all her sufferings ; food would pass in *ten minutes* to all appearances precisely as it was taken into the stomach, without smell or change of color. At this time a few grains of calomel put a stop to the diarrhœa, and the patient remained one hundred and nine days without any fecal evacuation *per rectum*. The most active cathartics had

no other effect than to cause pain and irritation of the bowels, and a vomiting of their contents. An injection thrown into the rectum would be vomited in a few minutes, having the same appearance as when administered, and free from any admixture of feces. During this period of one hundred and nine days, the patient experienced a regular vomiting each day of the food, properly digested, which she had taken the preceding twenty-four hours. About this time there was something of a peculiar appearance in the matter vomited, which, on washing, proved to be *sand*; and on examination, it was found that sand was also discharged with the *urine*. The bowels resumed their office, and it now became the turn of the bladder to have its contents expelled by vomiting; the patient experienced a strong desire, without the ability, to pass the urine by the urethra, and on trying to introduce a catheter, the passage was found occupied by a hard substance, which rendered the operation impossible. The urine was now vomited for several days, though it occasionally passed *per rectum*, mingled with sand, till a quantity of sand stones, or lumps of concrete sand, were discharged from the urethra, when the urine again flowed through its proper channel.

The pain continued unceasing in the right side; a small abscess formed, which, being left to itself, opened and discharged, with a small quantity of pus, several lumps of sand; and in the efforts at vomiting, feces escaped through the same opening.

June 8th, 1832.—No fecal evacuation from stomach or bowels in *forty days*; has taken a great deal of cathartic medicine; vomited her urine; vomited injections in fifteen minutes after being administered, without the least appearance of any feces; appetite pretty good, though she takes but little food; tongue of an *inky* blackness, except the edges, which are *red*; complaining of excessive pain in right side and stomach; says she can feel lumps of sand moving inside; sand passes through the external opening in the side, mixed with blood, and sometimes feces; has had spasms of the muscles about the throat and jaws.

13th.—Pain very great; jaws spasmodically closed; mouth filled with lumps of sand; several pieces passed out at the nose; saw her eat some bread and milk, and in a very few minutes it passed out at the opening in the side; tried to introduce a probe into the orifice, but could not succeed; could feel the sand in the side.

14th.—Received a note from the patient's brother, saying that his sister this morning passed by stool, *at one sitting, forty-four lumps of sand*.

25th.—The lumps of sand discharged on the 14th, vary from the size of the fore-finger to the first joint to that of a small pea; no fecal evacuation from stomach or bowels since last date; for the first time during her illness, she has since last visit vomited purulent matter, and voided it by stool.

July 19th.—Received the following account from the patient's sister of her state since last visit. On the 6th inst. her jaws became spasmodically closed; bowels for three succeeding days regular, since then no discharge *per rectum*; regular vomiting once a day of fecal matter, which is quite fluid, and escapes between the teeth; 8th, right ear began to bleed; 12th, discharged a watery fluid resembling urine *with sand*.

30th.—An abscess opened just above the symphysis pubis, and discharged a small quantity of pus, afterwards *urine mixed with sand*, which continued for a week. Present symptoms—appetite pretty good; takes liquids, which she sucks between her teeth, jaws being yet firmly closed; vomits feces every day, the fluid part escaping between the teeth, and the more solid part is again swallowed; has lumps of sand in her mouth, which have been there *eleven days*; a dose of tartar emetic caused a little relaxation, and the mouth was emptied; at this visit I saw her vomit her urine, one gill, perfectly transparent, as if just passed by the urethra; saw a teaspoonful of fluid discharged from the ear with sand, and a lump of sand from the nose; sleeps little; suffers exquisite pain; another abscess seems to be forming in the right side; more emaciated than I have seen her at any period of her illness.

August 1st.—Jaws yet closed; vomits, or passes by stool every few minutes, a whey-like fluid; retains *very little* food; since last visit voided by stool at once a tablespoonful of sand with a teacupful of pus, and soon afterwards there was discharged in the same way a membrane-like substance, of the size of a crown-piece, containing a number of fine, delicate hairs; there is voided now sand and urine by the mouth, rectum, urethra, nose, ear, side, and umbilicus! Treatment—Nit. argent. grs. x., op. xv., ft. pil. xx., one every fourth hour; foment abdomen, side, and throat, with decoction of cicuta.

13th.—Symptoms of same character, though much mitigated in violence. Continue the same treatment.

September 1st.—No diarrhoea; some vomiting; pain of left side; no discharge of sand since last date; deaf with right ear; vomits urine occasionally; for two weeks has been troubled with spasms resembling epilepsy, has twenty or more in a day, is warned of their approach by pain in the epigastric region; left leg strongly flexed upon the thigh, heel drawn up and lying upon the glutei muscles, and has been so for twelve days; appetite good, but most of the food is rejected soon after eating. Take the following pill every fourth hour—Ext. hyosciami, grs. iij., castor, grs. ij., nit. argenti, gr. i.; laud. and ext. cicuta between the pills in quantities sufficient to procure sleep or quiet; foment spine, side, and epigastrium, with decoct. cicuta.

10th.—No spasms since last date till to-day; omitted the pills yesterday, and to-day the spasms returned; no natural evacuation from bowels or bladder since 20th July; contents of both are vomited; appetite tolerable; has ridden out several times since last visit; left leg continues flexed. Treatment, the same.

October, 1833.—Have not seen the patient for more than a year: her sister gives the following account of her condition during that interval. Her bowels soon became quite regular, and so continued for some time, then relapsed into their former obstinately costive state, when their contents have been vomited; appetite has been generally good; left leg during the whole time has continued flexed, and attempts to extend it have invariably caused frightful spasms; has ridden out frequently, done a good deal of needle-work, and may be said to enjoy comparatively good health. I ought to add, that during the whole illness of this patient her catamenial evacuations have been generally regular, though at times rather profuse.

A lump of sand discharged from the bowels, which Dr. Torrey and Dr. C. A. Lee, of this city, had the kindness to analyze for me, proved to consist of silex and lime, and a few *short hairs*; the former making much the greater proportion. Professor Averill, of Schenectady, did me the same favor, with the same result.

Most of the facts related in the above case, besides being witnessed by my brother, Dr. L. Ticknor, of Salisbury, Conn. and myself, can be vouched for by the following gentlemen. Dr. Bolton, of Egremont; Dr. Kellogg, of Sheffield; Dr. Wheeler, of Great Barrington; Professor Averill, of Union College; Drs. Cleaveland and Flallenbeck, and Mr. Oliver Whittlesey, of this city.

LECTURE OF M. LISFRANC AT THE CONCOURS IN PARIS.

[See page 141.]

NOTHING could exceed the enthusiastic manner in which M. Lisfranc was received by the crowded auditory in the amphitheatre on assuming the chair allotted to the candidate who was to speak. He seemed much affected by the testimonies of affection shown to him by the two thousand students; and, after a few words expressive of his gratitude for these tokens of kind feeling, he commenced the lecture on his two patients.

First Patient.—INJURY OF THE LIVER AND PERITONEUM, FROM A KICK.

THE first patient whom we had to examine, Gentlemen, was a man 45 years of age, now lying in the Salle St. Martha, No 44, at the *Hôtel Dieu*. He enjoyed excellent health up to the day of his accident; he is strong in body and of a bilio-sanguineous temperament; his person does not present any traces of his having been affected by any anterior malady. Four days ago he received a violent contusion on the abdomen from the kick of a horse, which threw him immediately on the ground; there was no loss of consciousness, however, attending the fall, and this should be kept in mind as a matter of importance in tracing up the history of this accident, and endeavoring to arrive at a correct diagnosis of the case.

The man, as I said, was not deprived of motion or consciousness, but was able to get up without experiencing anything except some pain in the neighborhood of the contused part, which was not very severe or distressing. The symptoms succeeding the injury did not present at first anything of an alarming nature, but to-day he was attacked with accidents of a violent character. He was seized with frequent vomiting, ejecting a porraceous matter, no doubt arising from what he had eaten, mixed with a viscid secretion from the stomach; this was of a dirty-green color, and was not stercoral, at least I do not think so. The abdomen was painful, tumid, &c. He also complains of a pain ascending from the right hypochondriac region to the shoulder; he is affected with a short dry cough, and his bowels are obstinately confined. Our first care was to make an attentive examination of the abdomen, particularly about the region which had been the seat of the injury. The belly was

considerably distended and developed, particularly about the right hypochondriac region. Whence arose the tumefaction? Was it produced by an effusion of liquid into the cavity of the peritoneum, or did it arise from the presence of a gaseous matter? Here is a question which deserves our attention; let us, therefore, proceed to examine it.

In order to clear up any doubt which might exist, we had recourse to percussion of the abdomen, a means of great utility in many cases of injury as well as disease. One hand was placed on one side of the abdomen, while with the other we practised percussion over the different points of the parietes on the opposite side. This manœuvre gave no indication of the presence of a liquid, and when we employed pressure on the abdomen, we did not hear that gargouillement which is characteristic of gaseous matter in the intestines. The sound produced by percussion was clear, like that rendered in cases of tympanitis. (Here M. Lisfranc entered into a minute examination of the different effusions which may take place into the cavity of the abdomen in consequence of external violence, and laid down in a clear manner the several symptoms by which they are accompanied and distinguished.) External violence, acting on the parietes of the abdomen, may give rise to various accidents, of a more or less severe nature, and the effusion of fluid which results may be either primary or secondary. Sometimes we have a rapid effusion of blood or other fluids, when an intestine, the stomach, &c., or a large vessel, has been severely injured and lacerated; at other times the effusion is slow and secondary, either because the viscus has been only partially injured, or, perhaps, because a small and narrow opening has been made in the parietes of a great vessel, giving rise to a small bleeding, &c.

But before pursuing this inquiry further, let us ask whether our patient is affected with peritonitis; I would say no; or if it exist, it is very partial and insignificant. You know that when inflammation of the peritoneum exists to any extent and is fully developed, the abdomen is always painful on pressure; the least touch is insupportable, and the patient is incommoded even by the weight of a fine coverlet; but in the present case we have no abdominal pain of this kind; there is, indeed, a little sensibility about the umbilicus, but not enough to excite any apprehension. At the right hypochondriac region, however, we find a different state of things; here there is a good deal of pain upon pressure, some tumefaction, and it is very probable that the peritoneum may be partially inflamed; the liver may be felt large and engorged, projecting a good deal beyond the free edge of the ribs; but when carefully examined by the touch, we did not feel any inequality or trace of rupture; the sound over this portion of the abdomen is dull, and the matity extends to the part of the chest above the liver, which also appears developed.

The patient feels, as we said, some pain extending up the chest to the right shoulder; he has also a short dry cough, and his skin presents a yellowness of color that is by no means habitual to him. Since the receipt of his accident he has been very costive, and his stools have presented a white clayey color; this change of color in the excrementitious contents of the intestine has been too much insisted on as a sign

of inflammation of the liver ; for although in the latter case the secretion of bile is suspended, and the feces are often white, we have seen many examples of inflammation of the liver in which the stools were of a yellow, or even reddish color. We were unable to procure any of the patient's urine in order to try, as we desired, if it contained any traces of bile, and in default of this proof must lay more stress on the yellowness of skin which we have already noticed.

The patient has received a violent injury over the region of the liver; we may therefore naturally ask, Is this viscus lacerated, and has blood been effused into the cavity of the abdomen? Experience shows that accidents may give rise to deep and extensive lacerations of the liver, spleen, kidneys, or other organs contained in the abdominal cavity. I do not think that the liver has been ruptured, because severe symptoms must have instantly followed an injury of this nature, which was not the case with our patient ; we should in the first place have had effusion of blood, and then of bilious matter, into the peritoneum, as is proved by the autopsy of persons who have died from similar accidents, and you know how soon the serous membrane resents the presence of these fluids. If the intestinal canal had been injured, we should in all probability have effusion of fecal matter into the abdominal cavity, and violent inflammation would have been the immediate and inevitable consequence ; or in case the injury was not very extensive, we might merely have a discharge of blood by stool. Surgeons say that when the blood evacuated is liquid, we have a proof that the canal is injured low down ; on the contrary, a discharge of solid coagulated blood is a symptom of the injury having taken place higher up, near the stomach ; but this is a very uncertain distinction ; besides, we should remember that bloody stools may be a consequence of simple irritation of the mucous membrane, and do not strictly imply the existence of laceration. Was the stomach of our patient injured by the violence which he received ? I think not. He never complained of that burning heat which patients commonly feel when the stomach has been severely injured ; besides, he would have vomited at once after the accident, and the matters ejected would have been mixed with blood ; this latter symptom is characteristic of laceration or injury of the stomach.

The spleen does not seem to have been injured ; we have no pain or tumefaction about that region ; and as to functional symptoms, we cannot expect to have any. (Here the speaker entered into a little digression on the function of the spleen.) The spleen, you know, is not a viscus, and though it probably is in some way connected with digestion, its function is not yet known ; an animal lives very well after the spleen has been removed ; this experiment has been frequently tried by M. Magendie, and it is said that man may equally live and do well without it. Have we, finally, an injury of the kidneys ? No, Gentlemen. The distinctive marks of this accident are totally absent. One of our judges has shown that, in cases of diseased kidney, the pain is very violent, and is particularly situated in the bladder, and often at the extremity of the penis, so that the patient thinks he is affected with stone in the bladder, and, indeed, he frequently presents all the rational symptoms of stone, as bloody urine, suppression of the discharge, acute pain in the

bladder, &c. We might push our examination to all the parts contained in the cavity of the abdomen, and show by exclusion that they have not been affected, but the time, which is fast running away, does not permit longer details. I shall only remark, that the absence of marks of contusion on the parietes of the abdomen is not sufficient to prove the absence of the lesions of which we speak, for one may, and does often, exist without the other.

[To be continued.]

CASE OF DISEASE OF THE EYE.

[In the following paper, the practitioner will find a case very systematically drawn up, which cannot be otherwise than interesting and acceptable. The gentleman who has kindly furnished it from his note-book, has devoted himself almost exclusively to diseases of the eye and the ear, and is therefore particularly qualified to give instruction in a very difficult and intricate class of surgical diseases. Our readers may anticipate other interesting reports from the same source.—Ed.]

Case of Acute Ophthalmia and Ulcer of the Cornea, with Hypopium—the result of an Injury of the Cornea.

[Communicated for the Boston Medical and Surgical Journal.]

CHARLES MCCOY, æt. 36, a stout built, robust man, following the occupation of a stone mason, received a fragment of stone (or in his opinion a spark of fire merely) upon the cornea of the left eye, which it struck with violence. This, though it pained him severely for the moment, did not prevent him from pursuing his work for the rest of the day. Upon the next day, the pain and inflammation were so excessive that he was obliged to desist from any further labor. In three days the vision of that eye became nearly extinct; but three weeks elapsed, from the time of the accident, before he applied for advice, having during that time received no medical treatment, with the exception of losing five or six ounces of blood from his head, and the application of a few leeches.

July 11.—Vision at this time is sufficient to distinguish the shadow merely of objects passing between the eye and the light. The inflammation is not confined to the tunica conjunctiva, but has extended inwards to the internal tunics, the ciliary zone being highly vascular, and the pain affecting the brow and temple. The ulcer of the cornea is situated just below the axis of vision; it has an unhealthy look, and the bottom of it is occupied by a dead whitish substance, which is a slough of that portion of the cornea which was originally injured or killed by the foreign particle, whether a fragment of stone or a spark of fire. A haze or nebula extends around the margin of the ulcer; otherwise the cornea has retained its transparency, so as to admit a view of the state of the anterior chamber and of the iris. Here it is that the most important and alarming morbid changes have occurred. The anterior chamber, at its lower part, is occupied by a deposition of pus, filling at least one-third of that cavity, and pressing upon the iris. It is of a yellow color and semi-fluid, as shown by its gravitating to one side or the other upon the patient's chang-

ing the position of his head, from an upright to a horizontal position. Upon assuming the erect posture, it soon returned to its former situation. This change of situation, in conjunction with the color, may be considered as a sufficient evidence that *pus* is contained in the anterior chamber of the eye, and not an effusion of fibrin or lymph, as is sometimes the case. Pus may be farther distinguished from lymph, by the uniformity of the surface of the mass; when deposited in any quantity, it presents a level line (the patient being in an upright position) at its upper part; whereas coagulable lymph is unequal, and perhaps has the appearance of flakes. The iris is in a state of acute inflammation, though not so much changed in color as might have been expected from the violence of the inflammation; the natural color of the iris being a dark hazel, and it now presents a brownish red appearance. The pupil is contracted to a mere point, with a puckered and irregular margin, and without motion. Exposure to a strong or vivid light occasions in the affected eye the most intense pain, notwithstanding that vision is so much impaired that he can distinguish light and shade only. It produces the sensation as of a lancet or sharp-pointed instrument piercing the globe of the eye, and this is invariably followed by a profuse flow of tears. Epiphora is considerable at all times. The pain has been confined mostly to the eye-ball, but it is sometimes circumorbital, and has been so excruciating for several nights past as to prevent all sleep. "My life is a burden to me," he emphatically said, "on account of the suffering of my eye."

He was immediately cupped freely upon the temple, and directed to take equal parts of calomel and jalap, 10 grs. each, to be followed with the infusion of senna and sulphate of magnesia. The strictest antiphlogistic diet and regimen were enjoined upon him, with simple mild washes to the eye.

July 12.—Pain is somewhat abated, but the deposit of pus in the anterior chamber is evidently upon the increase. Cupped upon the temple to 3 vi. Repeat the medicine of yesterday.

July 14.—No amendment. A vein was opened at the bend of the arm, and twenty-four ounces of blood were taken in a full stream; immediately after which (the pulse having fallen, but no faintness ensuing), cups were applied to the left temple, and five or six additional ounces of blood were abstracted. This removed the pain and materially diminished the vascularity of the eye, nor did he experience any severe pain after the venesection. The slough of the cornea being loosened by the processes of ulceration and absorption, was lightly touched with a pencil dipped in a saturated solution of nitrate of silver. Continue diet and regimen as before directed.

July 17.—Eye free from pain; vessels of the superior hemisphere of the globe nearly pale, but at the inferior portion they are still turgid. Deposit of pus has gone on steadily increasing, and has reached the inferior edge of the ulcer of the cornea, now deepened by the separation and discharge of the slough. The ulcer appears as if it had already penetrated the cornea and was about to afford an outlet for the escape of the contained matter, which pressed upon and threatened the weakened cornea—an event greatly to be deprecated. For a moment, and a moment only, it became a question whether it would be better to puncture the

cornea and evacuate the contents of the anterior chamber, or leave it to the efforts of nature, with the risk of a spontaneous discharge through the cornea. That cases do occur, both of onyx and of hypopium, in which the welfare of the patient and the state of the eye render it proper and expedient to evacuate the matter wherever it is situated, there can be no doubt; but as a general rule, it is equally certain that it is the part of a prudent practitioner not to molest the parts. The patient was much reduced in strength by loss of blood and active cathartic medicine repeated daily, and was exceedingly depressed in his spirits. Active treatment, however, was not to be discontinued, while a ray of hope remained of saving the eye. He was directed to apply a large blister to the nape of the neck, and to take, night and morning, two grains of calomel with half a grain of opium, and to smear his brows with the extract of stramonium (prepared for the purpose). Also the lower eyelid was freely scarified, and he was desired to continue the poppy-leaf fomentation.

July 20.—The blister rose well and he passed a comfortable night. The matter remains stationary; the ulcer has been twice touched with the saturated solution of nitrate of silver, and seems inclined to heal; has had leeches to the temple. Continue pills.

July 24.—Has repeated the application of leeches, and had the eyelid scarified; through a very natural anxiety to hasten the recovery of the eye, he has taken twice the quantity of calomel directed for him the 17th, and his gums are slightly affected. For the first time, the pus is visibly diminished; and it continued gradually to lessen in quantity, so that at the expiration of a week or ten days from the commencement of his gums getting tender, it was entirely absorbed, leaving the anterior chamber free. During this time, he took calomel moderately every day, and persevered in the application of the extract of stramonium.

To the sorbelfacient virtues of the mercury, is mainly to be ascribed the favorable change in this case, assisted, no doubt, by the depletory means in subduing the inflammation; and in every similar case, a combination of remedies should be employed, without hesitation or unnecessary delay.

July 25.—The pupil is in a measure acted upon by the stramonium; but the dilatation is only partial, and chiefly at the superior part of the pupil, owing to the firm adhesions from fibrin or coagulable lymph, thrown out, no doubt, at an early period of the ophthalmia. The eye being now free from pain and inflammation, and such a degree of vision being restored as enabled him readily to distinguish one person from another and many objects, July 29th he returned to his work in the country, though contrary to my advice. The ulcer had healed, leaving a dense opaque cicatrix, forming that species of opacity known by the name of leucoma.

Sept. 25.—Eight weeks after he discontinued treatment, the state of his eye was as follows:—A small, well-defined, dense interstitial opacity of a straw or yellow color, and quite flat, marks the spot where the ulcer was situated. Surrounding this, and directly opposite the pupil, is a superficial opacity or *nebula* of the cornea, distinguished from the former, or *leucoma*, by a degree of semi-transparency, perhaps well expressed by the term *cloudiness*, and by the absence of a distinctly defined margin, the

opacity gradually fading away, and growing thinner towards its edges. This kind of opacity, viz. nebula of the cornea, is that which admits of most benefit from treatment, being in many cases wholly absorbed, and in general much diminished by using the proper means ; whereas the former, or leucoma, is of all opacities the most intractable. The motions of the iris, especially at its upper part, are pretty free and active ; but in the pupil, or rather a little posterior to that aperture, is a greyish opacity from effused lymph, perhaps extending to the capsule of the lens, forming what is termed a false or spurious cataract. Around the margin of this opaque spot, the light entered freely into the eye, and he was able, in a favorable light, to distinguish readily the hour by a watch. He is able to pursue his occupation as well as he ever could, the right eye being perfect.

With respect to the origin of the pus deposited in the anterior chamber in the above case, I am inclined to the opinion that it was produced from the surface of the inflamed iris, and perhaps in part from the internal membrane of the cornea, also in a state of inflammation. E. J. D.

Boston, October, 1834.

CASE OF ACUTE ENTERITIS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. JOHN HALL, æt. 49, of sanguine temperament ; strong, healthy and industrious ; occasionally troubled, for a number of years, with pain in the region of the umbilicus ; the present season troubled with the same for the most part of the time, though, as usual, he has labored hard. On Monday, 15th inst. he ate his dinner, and went two or three miles and hauled home a load of boards with his oxen ; at which time he was taken very thirsty, with severe pain in his bowels, and rigors. He prostrated himself on the ground, where he laid for some time.

On the following morning, 16th, I saw him for the first time. Found him laboring under severe pain in his bowels ; soreness in the umbilical region ; bowels but little distended, and slightly tympanitic ; great heat ; pulse 85. For the origin of the present attack, assigns a cold ; as he expresses it, "I have caught three colds one upon the other." Bled him 14 oz. ; gave him submuriat. gr. 15. In thirty minutes a table-spoonful of ol. ricini. In three hours, if no operation, give him senna, with proper intervals, till an operation ; after an operation, a powder every three hours, composed of submuriat. gr. i. ; sul. potass. gr. iii. ; ipecac. gr. i. ; and a poppy bath to his bowels.

In eight hours was summoned again. Heat less ; had commenced vomiting in three hours after taking the first cathartic ; continued to throw up everything he drank. Gave him emetic ; ceased vomiting. In thirty minutes gave him another. Waited thirty minutes ; gave him freely of warm water ; vomited once ; had an operation from the bowels. *Severe pain in the bowels.* Gave Dover's powder. Powders to be taken every three hours, composed of opii. gr. i. ; submuriat. gr. i. ; nitrate potass. gr. iii. Renewed the poppies on his bowels.

Wednesday morning, 17th.—Worse. Pulse 90; heat less; had vomited all night; said he should have no fever now, and should get up soon, if he could get rid of the pain in his bowels. Called Prof. Mc Keen in consultation. Spent the time, previous to his arriving, in giving enemias. Procured three or four operations.—The circumstance of the deceased having lately painted his house, with white lead, induced Prof. McKeen to think the disease to be colica pictonum. Bled him 12 oz.; cupped, leeches, and blistered his bowels. A powder to be given every three hours, composed of opii. gr. i.; submuriat. gr. ii.

18th.—4 o'clock in the morning, he died.

Post-mortem Examination.—With great credit to the friends of the deceased, they requested an examination of the body, so far as to ascertain the cause which produced so sudden a death.

In laying open the abdomen, I at once discovered the commencement of the jejunum, for the space of about ten inches, to be unusually large and inflamed. As I grasped it in my hand, suspected from its indurated state there might be a complete obstruction of feces in that part of intestine. But on laying it open, found no material stoppage, but that part in a complete state of ulceration, in the mucous membrane; and as I raised it, well-formed pus dropped from the ulcers. The mucous and muscular tissue of the intestine inflamed, particularly within the neighborhood of the ulcers; and the peritoneum inflamed and tender, so that I could wipe it from the intestine with the handle of my scalpel. This inflammation and softening was particularly confined to the region of the ulcers.

Bowdoin, Me. Sept. 20, 1834.

S. Foss.

SALT RHEUM, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—In your valuable paper of September 17th, there were three questions stated over the signature of "W. W." requesting replies to them through the medium of your Journal. The *first* question has already been answered very correctly and sufficiently, by a respectable and literary gentleman, over the signature of "E. A.," and also by other writers since.

Your correspondent inquires, *secondly*, and wishes to know "the *technical term* for that affection of the skin, which is vulgarly or familiarly known by the name of *salt rheum*." I submit the following items of information for consideration. A few years ago, I directed a letter to the venerable Dr. James Thacher, on the very same subject, and he replied to me, Feb. 3d, 1826, in the following words, viz. "It is the same as *Herpes Farinosus*, or *dry tetter*, as described by Bell, on ulcers." Dr. T. also notices, briefly, this affection in his new and improved edition of *Modern Practice*, p. 462. There is another late writer, Dr. Wooster Beach, of the city of N. York, who technically calls the *Salt Rheum*, the "*Herpes Psoriasis*." He also says, "that it appears to be very similar to the different species of *Herpes*, as described by some authors." (See his *American Practice*, 2d vol., p. 421.) Therefore, according to this, the last-mentioned author differs some from Dr. Thacher. Again,

Salt Rheum is defined, in Dr. Noah Webster's abridged dictionary, "The *Herpes*, an affection of the skin." The foregoing contain all the authorities of any consequence, where the expression "*salt rheum*" can be found, connected with its *technical term*, that I have ever been able to discover, after making quite an extensive research for several years past, both from a vast number of medical authors, ancient and modern, and from various Encyclopædias, besides inquiring of many literary gentlemen of the medical faculty.

The *third* query is, that "*Mercury*," as stated by a certain writer, "is rank poison to the constitution of a negro." I question very much the correctness of this writer's assertion, for I have always administered the *Submur. Hyd.* as freely to negro patients, when the cases required it, as to any one else; and never knew it to produce any deleterious consequences on them, any more than on any other class of people. I have given the *calomel*, freely, to some negroes, three times in 24 hours, for a whole fortnight, and not even produced *ptyalism*, nor even made the mouth tender, where no diarrhœa attended the case.—If "*W. W.*" or any other correspondent will furnish us with further and more authentic information on the subject of *salt rheum*, it will be gratefully received.

Plymouth, Oct. 1, 1834.

R. C.

N.B.—We would merely mention, at this time, for the consideration of physicians, generally, that Dr. James Thacher's *American Modern Practice, a new Edition, improved, which was published in 1826*, is unquestionably a work of merit. We sincerely recommend it to every practising physician, who has not obtained the volume, especially to the junior portion, throughout the Union. It is a valuable compilation, and well calculated to assist the practitioner in the pathology and the most approved treatment of all the various and important diseases which are incidental to the inhabitants of the United States. Any one wishing a copy of this work, can be supplied with it by applying to Messrs. Cottons & Barnard, publishers, Boston, Mass.

I wish, Mr. Editor, to be informed through the medium of your Journal, of what *Créosote* is made from, and from whence its name is derived. This article appears to be entirely a *new* thing, until very recently it made its appearance in your paper. A history of it is desirable, as it would oblige many of your readers.

R. C.

[The following experiments are from a late number of the London Med. and Surg. Journal, into which work they are copied from the Gazette des Hôpitaux, and may, perhaps, give our correspondent and other readers some information in regard to the subject of the last paragraph.—Ed.]

EXPERIMENTS UPON THE CREOSOTE, OR THE IMMEDIATE PRINCIPLE OF TAR.

BY M. COSTER.

WE find, says the author, in an English work written long back by Berkeley, more than five hundred cures obtained by the use of tar water. He

stated that if any medicine was entitled to be called a specific, it was this. Aware of the exaggerated description of Berkley, and his singular way of explaining the operations of this remedy, M. Coster thinks that still it ought not to be rejected as entirely useless, and expresses his astonishment that a medicine once esteemed so valuable, should have fallen into such complete discredit. For the last year and a half he has employed the tar water in a great number of varied cases, and amongst other diseases, states that nothing has proved of more efficacy during the convalescence of cholera. Soon after the observations on créosote by M. Reichenbach, M. Coster determined to make trial of it in some cases, and the following is the result of his researches into its merits.

1st. In a case of chronic inflammation of the free border of the eyelids, accompanied in many places with little suppurating ulcers, he touched the parts with an aqueous solution of créosote (made by adding 12 drops of this substance to 2 ounces of water), twice in the day : the disease had existed for many years, but after the application of this solution for ten days, the cure was complete.

2d. In seven cases of violent toothache, in which the teeth were all carious, the créosote caused the instantaneous cessation of the pain, and arrested the progress of the disease in the teeth.

3d. An injection of an extremely diluted solution was made into an abscess of long standing, which communicated with the coxo-femoral articulation, in a young child ; at first acute pains were produced, but in the course of an hour they had completely ceased. The remedy was applied daily, and with such decided benefit, that the child, who before could not even move in bed, now sat up, without suffering pain.

4th. He next employed the créosote in a young girl affected with lepra. The disease had not only attacked the exterior of the body, which was thereby much altered, but the interior of the mouth was covered with foetid ulcerations, the respiration hoarse, and this girl appeared to be menaced with suffocation ; the créosote is now being administered both internally and externally, and appears, as far as the case has hitherto proceeded, to be attended with much benefit.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 15, 1834.

PROMOTION OF HEALTH IN LITERARY INSTITUTIONS.

With this title, a pamphlet of twenty-three pages has been sent to our address, by the author, Dr. Henry Bronson, whose communications, whether in manuscript or print, always command our particular respect. Nothing of its value or spirit has been lost by having first appeared in the columns of the Quarterly Christian Spectator. The Doctor is fully of the opinion that literary pursuits, as very generally supposed by students themselves, are by no means injurious to health : it is contrary to the benevolent institutions and designs of the Creator, and the harmony

of all his works. Such is the spirit of the essay, and the writer declares at once, that "the mind of man is evidently made for constant action, in the waking state." On page seventeenth, there is this declaration, the truth of which, to us, is irresistible,—viz. "that intellectual exercise is not of itself a cause of deranged health—that degree of exercise, which, as its ultimate result, is productive of the greatest intellectual energy." The remarks upon *manual labor institutions*, are both new and philosophical; and on that account, were the pages possessed of no other merit, we urgently recommend the perusal of the pamphlet to the careful attention of literary men. Further remarks, at this time, would interfere with the design of making comments and extracts at a future day.

CYCLOPEDIA OF PRACTICAL MEDICINE AND SURGERY.

PART V. of this exceedingly meritorious work, by Dr. Hays, has just been received, and fully sustains the character it was originally designed to possess. The articles *Aneurism*, by Dr. Hodge, and *Anemia*, from the pen of Dr. Jackson, are certainly very able and interesting papers. We always read the Cyclopedia with pleasure and increasing satisfaction. To the profession generally, no publication of the present day can be more serviceable, as a standard library book of reference; and we therefore recommend it to the patronage of practitioners throughout the United States, who are under some obligation to sustain Dr. Hays in a laborious undertaking, which will unquestionably prove in the end not only a monument to his own fame, but a source of great convenience and practical advantage to them. The work is to be completed in 40 Parts, price 50 cents each.

NORTH AMERICAN ARCHIVES OF MEDICAL AND SURGICAL SCIENCE.

A NEW and promising monthly publication, with the above title, has made its appearance at Baltimore, under the editorial charge of E. Geddings, M.D. the former talented and industrious conductor of the *Balt. Med. and Surgical Journal and Review*, the discontinuance of which, was a subject of regret a few weeks since. We are assured that the principles of the Archives "will be of the same liberal character as those set forth and adopted by its predecessor, and which the editor has the satisfaction to believe, met the approbation of his professional brethren." The specimen number before us is well printed, and the matter excellent. We wish Dr. Geddings all the success his labors entitle him to expect.—Price of the Archives \$5.00 a year.

NEW MEDICAL BOOKS ANNOUNCED IN LONDON.

HAHNEMANN's *Fragmenta de Viribus Medicamentorum*, by Dr. Quin. 8vo.

Morbid Anatomy of the Human Eye, by James Wardrop, 2d Edition. 2 vols. 8vo.

A Demonstration of the Nerves of the Human Body, by Joseph Swan. 4to.

Medica Sacra, or short Expositions of the more important diseases mentioned in the Sacred Writings, by Thomas Shapter, M.D. 8vo.

The Principles of Physiology, applied to the Preservation of Health, by Andrew Combe, M.D. 2d Edition, enlarged. 8vo.

A Popular Treatise on Diseases of the Generative System, by John Guy, Surgeon. 3rd Edition.

Practical Observations on Strictures of the Urethra and Rectum, by C. B. Courtenay, M.D. 23d Edition!

Researches Illustrative of the great efficacy of Calomel in the treatment of Malignant Cholera, when given in minute doses, by Joseph Ayre, M.D. 8vo.

An Inquiry into the Principles and Practice of Medicine, founded on Original Physiological Observations, by G. Calvert Holland, M.D. 1 vol. 8vo.

Graham on Diseases peculiar to Females. 8vo.

Pharmacopœia Homœopathica, edited by F. F. Quin. 8vo.

Culverwell on Indigestion. do. on Consumption. do. on Ringworm, 12mo.

A new System of Organic Chemistry, from the French of Raspail, with notes by William Henderson, M.D. 8vo.

Madame Boivin on the Diseases of the Uterus. From the French, by G. O. Heming. 8vo., with plates.

Ford's Treatise on Dropsy. 8vo.

De L'Organisation Médicale en France, Par Victor Stoeber, D.M.

Manuel Pratique D'Ophthalmologie, ou Traité des Maladies des Yeux, par Victor Stoeber, D.M.

New Method for the Division of the Pelvis, in Cases of difficult Parturition.—A patient was admitted into a hospital of Naples, in her third pregnancy (having produced abortions in the first instances), because she could not succeed in the operation on the third trial. She was aware, too, of the impossibility of being delivered, in consequence of extreme deformities of the pelvis. Dr. Golbiati, after consultation, made a longitudinal incision of an inch and a half, which exposed the horizontal branch of the pubis, and then performed symphyseotomy. The fœtus was extracted with an instrument, and, unfortunately, the mother shortly after expired. This, on the whole, is an ingenious mode of facilitating birth. Sawing the bones in two on each side the symphysis pubis, is much less hazardous than opening the bones to increase the diameter of the pelvis, by cutting through the symphysis—because the reunion would be so much more readily effected.

Medical Virtues of Guaco.—A favorable notice is made in Professor Silliman's Journal, of this article. A writer says he has conversed with Don Fernando Bolivar, nephew of the late liberator, a native of Venezuela, who speaks of its high estimation and extensive use in medical practice in that part of South America. Its tonic and sudorific properties, not less than its efficacy in counteracting animal poisons, are calculated to bring it into general notice.

Sir Charles Bell.—It is intimated abroad that Sir Charles has instituted an action against the editors of the Edinburgh Medical and Surgical Journal, for insinuating that he has plagiarized the discoveries of Beltinghieri.

Medical Distinction.—Mr. Brodie, the well-known surgeon, who ranks with the first class of operators, is about being made Baron Brodie.

Extract of Camomile.—From the praises bestowed on this article, it is inferred that its use has been very generally revived in hospital practice in England.

Important Discovery.—Two physicians, at Göttingen, have discovered that *oxyhydrat of iron* is an infallible antidote against arsenical poison. As the oxyhydrat is perfectly innocuous, this discovery is of importance.

DIED—At Rehoboth, Dr. James Bliss, 78 years.—In Charleston, S. C. Dr. Theodore Graf, 23.—Dr. Timothy W. Waldron, 55, Bath, Me.—Wm. Bibby, jr. surgeon, at Liverpool, England.

Whole number of deaths in Boston for the week ending Oct. 11, 23. Males, 12—Females, 11.

Of consumption, 5—infantile, 3—unknown, 1—poison, 1—debility, 1—intemperance, 1—worms, 1—suicide, 1—hooping cough, 3—teething, 1—mortification in the bowels, 1—colic, 1—insane, 1—brain fever, 1. Stillborn, 4.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

At the annual meeting of the Boylston Medical Committee of Harvard University, held on Wednesday, the 6th day of August, 1834, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D. Professor of the Institutes of Medicine, &c. in the Transylvania University, Lexington, Kentucky, for a Dissertation on the Question, "Are the restrictions on the entrance of vessels into port, called Quarantine Laws, useful? If so, in what cases should they be applied?"

The following questions for the year 1835 are now before the public, viz.:

1st. "What diet can be selected, which will ensure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it to be considered."

2d. "What are the diagnostic marks of cancer of the breast? and is this disease curable?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1835.

The following questions are now offered for the year 1836, viz.:

1st. "How far are the external means of exploring the condition of the internal organs, to be considered useful and important in medical practice?"

2d. "To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1836.

The author of the successful dissertation on either of the above subjects will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, in which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if called for within one year after they are received.

By an order adopted in the year 1823, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 12, 1834.

GEORGE HAYWARD, Secretary.

Publishers of newspapers and medical journals throughout the United States are respectfully requested to give the above an insertion.

Sept 17—4teeop

LECTURES AT THE MASSACHUSETTS EYE AND EAR INFIRMARY.

A COURSE of Lectures on the Anatomy and Pathology of the Eye, illustrated by cases under treatment, will be delivered at the Rooms of the Eye Infirmary, to commence the first week in November, and continue three months, by JOHN JEFFRIES, M.D.

Boston, October 9, 1834.

Oct. 15.—ep1m.

JAMES MANN, Preserver of Birds and Quadrupeds, Murray Place, 38 Prince Street, Boston, preserves and sets up Birds and Quadrupeds, Skeletons, &c.

Orders from gentlemen in the country punctually attended to.

Sept 17—1f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.